

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/01/2022
NAME OF PROVIDER OR SUPPLIER Our Ladys Center for Rehabilitation & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 Clematis Ave Pleasantville, NJ 08232	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0808 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38288</p> <p>40757</p> <p>C#: NJ152331, NJ154565</p> <p>Based on observations, interviews, medical record review, and review of other pertinent facility documents on [DATE] & [DATE], it was determined that the facility failed to (a) prepare a mechanical soft diet at the correct texture and consistency, (b) obtain a Physician's Order and notify the Physician of a change in diet and (c) follow the residents plan of care for a resident who had a history of Dysphagia. The facility also failed to follow its policies titled Care Plans, Therapeutic and Mechanically Altered Diets, the 2018 DHCC (Dietetics in Health Care Communities) Manual of NJ (New Jersey), Textured Modified Diets, Resident Nutrition Services, Change in Resident Condition and Physician Orders. This deficient practice was identified for 1 of 4 residents (Resident #2), who was served regular steak fries by the Temporary Nursing Assistant (TNA) on [DATE], which resulted in Resident #2 having a choking episode that resulted in emergency hospitalization , and was evidenced by the following:</p> <p>The review of Resident #2's Electronic Medical Record (EMR) was as follows:</p> <p>According to the Admission Record (AR), Resident #2 was admitted on [DATE] with diagnoses which included but were not limited to Dysphasia (difficulty in swallowing), Oropharyngeal Phase, Other Unspecified Disorders of the Brain, Unspecified Heart Failure, Unspecified Cerebral Infarction, Cerebral Ischemia and Acute Respiratory Failure with Hypoxia.</p> <p>Review of a Minimum Data Set (MDS), an assessment tool dated [DATE], revealed the resident had a Brief Interview for Mental Status (BIMS) score of ,d+[DATE], indicating that the resident was moderately cognitively impaired. The MDS also showed that the resident had to be fed by staff during meals.</p> <p>A review of Resident #2's Care Plan (CP) initiated on [DATE] showed Under Focus: (Resident #2) is at risk for malnutrition as evidenced by therapeutic/mechanically altered diet, decreased intake, skin breakdown, BMI > (more than) 30, chronic diseases: DM (Diabetes Mellitus), CVA (Cerebral Vascular Accident). Under Goal: Resident #2 will maintain nutritional status as evidenced by no s/sx (signs/symptoms) of malnutrition . Under Interventions included: Provide and serve diet as ordered-CCD/NAS (carbohydrate-controlled diet/ no added salt)puree, honey-thick liquids .</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 315054	Facility ID: 315054 If continuation sheet Page 1 of 5

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<p>F 0808</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of an Order Summary Report (OSR) dated [DATE]-[DATE] for Resident #2 revealed a Physician's order (PO's) for a CCD/NAS diet Pureed texture, Honey consistency with an order and start date of [DATE].</p> <p>A review of the Speech Therapy Treatment Encounter Note(s) for Resident #2 written by the Speech Therapist at 11:49 a.m., with a Date of Service of [DATE], revealed it is recommended for the resident to consume mechanical soft textures and NTL (nectar thick liquids) at this time with 1:1 for small bites/sips, cyclic ingestion, and double swallow as needed. This therapist educated the patient (Resident #2) and licensed nursing staff on diet level upgrades and safe swallowing strategies. Understanding noted. However, there was no documented evidence that the Physician also was provided this information about the diet change for Resident #2.</p> <p>A review of the Diet Requisition Form (DRF) undated revealed a diet change request for Resident #2 to CCD, Mech (Mechanical) Soft, Nectar Thickened Liquids, and D/C (discontinue) Puree texture and Honey Thickened Liquids. The DRF also noted Supplements/Special Requests/Comments: Mechanical Soft/Nectar thick liquids, 1:1 for all meals and PO (by mouth) intake, small bites/sips, and cyclic ingestion. However, further review of the OSR did not reveal a PO's for the change in diet upgrade to Mechanical Soft/Nectar thick liquids on [DATE] for Resident #2.</p> <p>A review of the Resident #2's Progress Notes (PNs) from [DATE] through [DATE] revealed the following:</p> <p>On [DATE] at 9:48 p.m. and [DATE] at 2:11 p.m., reflected that the honey-thick liquid diet for Resident #2 was continued as ordered by the Physician. However, the facility staff could not verify if Resident #2 received a puree or mechanical soft diet from [DATE] through [DATE].</p> <p>On [DATE] at 6:59 p.m., the PN written by the Registered Nurse revealed the CNA (Certified Nursing Assistant) alerted this Nurse that the patient (resident) was choking as he/she was being fed dinner. According to the PN, Resident #2 was in distress, and a code was immediately called in the building, and staff came to assist. The PN also showed that 911 was called ., the Heimlich was started, the resident's mouth was swept clear immediately upon entering the room . and suctioning was initiated. A team of staff-initiated CPR while paramedics were on their way. The AED (automatic external defibrillator) was applied and used .The Police arrived shortly after. The patient was taken to the hospital via stretcher by the paramedics.</p> <p>A review of Meal Tracker Notes for Resident #2 received on [DATE] at 1:03 p.m. from the current Food Service Director (FSD) revealed on [DATE] (a) diet slip was sent to change the resident's diet to be prepared as a mechanical soft, and Nectar thick liquids.</p> <p>A review of the Facility's Spring/Summer 2022 Diet Guide Sheet given to the surveyor by the FSD revealed Under Monday (Day 2) Dinner for Steak Fries, Under Mech (Mechanical) Soft diet 4 Oz (ounces) of Mashed Potatoes was to be prepared for the mechanical soft diet, and for the Puree diet 4 Oz of mashed potatoes should be prepared.</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on [DATE] at 2:50 p.m., the Speech Therapist stated she was familiar with Resident #2. She said the resident was awake and alert, but his/her voice was not audible. When the surveyor asked her to describe the difference between a Pureed Diet and a Mechanical Soft Diet, she stated that a pureed texture appears as baby food with a smooth consistency with no chunks. A mechanical soft (diet) is softer foods, ground meat texture, and no dry foods. The Speech Therapist explained Mechanical Soft Diet was moist, with nothing crunchy or hard or difficult to chew.</p> <p>During an interview on [DATE] at 2:56 p.m., the TNA who fed Resident #2 on [DATE] stated I opened up the (meal) tray. Resident #2 had regular French (Steak) fries, water, juice, and a hot dog roll on his/her tray. Resident #2 couldn't speak, but he/she shook his/her head, indicating yes when I asked if he/she wanted the fries. The TNA stated that before I fed (Resident #2), I raised the head of the bed; I don't remember to what degree. The resident was already sitting up on Oxygen. She stated she learned to feed residents during CNA training. The TNA proceeded to say: that the French (Steak) fries were sized slightly smaller than my index finger, so I cut them up into three to four pieces. I gave the resident the first piece of French (Steak) fry and a sip of water, and then I gave him/her a second piece. Then, Resident #2 sounded like he/she was choking, so I called for the Nurse. After I gave the resident the second piece of the fry, he/she seemed to want to throw up, so I called the Nurse from the door; I was with the resident the whole time. When the surveyor asked her what food was on the meal slip, she stated everything on her meal slip was on the tray.</p> <p>During an interview on [DATE] at 9:00 a.m., the Unit Manager/Registered Nurse (UM/RN) stated I was the , d+[DATE] p.m. Supervisor on [DATE]. The UM/RN said the diet change comes from the Speech Therapist for upgrading or downgrading the diet; the Speech Therapist and the Dietician work together, tell the Nurse, and then the new dietary slip is faxed to the kitchen. The UM further explained that the Nurse assigned to the resident that day gets the Physician's Order for the diet change, notifies the family, and all of the documentation should be in the progress notes (PNs) when it happens. The Unit Manager (UM) further stated that Resident #2's care plan should have been updated with the diet change. When the surveyor asked him, who does the update, he replied, I do. The Nurse assigned to the resident tells me, and I update the care plan; once it is brought to my knowledge, I have to do it.</p> <p>During an interview on [DATE] at 9:44 a.m., the Director of Nursing (DON) stated the process of a diet change is the Speech Therapist evaluates the resident, informs the Nurse before and after her evaluation of the diet change, gives or faxes DRF to the kitchen director, and the kitchen director updates it; then the Nurse or the manager notifies the Physician and the family; the Nurse should document in the PNs. The DON also stated a diet change is a change in condition for a resident, so the Nurse or the UM should notify the Physician. When the surveyor asked the DON what is considered a mechanical soft diet, the DON replied mechanical soft diet is soft and chopped. The DON explained the food is not cut unless there is an order for chopped. Mechanical soft is a soft texture. In the same interview, when the surveyor showed the DON the unsigned DRF written by the Speech Therapist for Resident #2, she stated the Nurse assigned to the resident or the Unit Manager would sign the DRF. During a second interview at 2:35 p.m., the DON said Resident #2's care plan was not updated. I told the Unit Manager he didn't do it. The Care plan should have been updated within 24 hours. She continued to say all residents have a care plan in reference to the diet. The purpose of the CP is to know how we take care of patients.</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on [DATE] at 10:25 a.m., the FSD stated that I get a diet slip for any diet change. A diet requisition form (DRF) is faxed to me from whoever changed the diet, the Nurse, Dietician, or speech therapist. They call to make sure I got the change, then I go into the meal tracker system and reprint the tickets immediately. When the surveyor asked him if steak fries would be part of a mechanical soft diet, the FSD replied that a regular steak fry should not be served on a mechanically soft diet. We automatically would serve mashed potatoes or an applicable starch.</p> <p>During a telephone interview on [DATE] at 3:39 p.m., when the surveyor asked the Physician if he was notified of Resident #2's diet change on [DATE], he replied, Mostly, if I get notified, there'd be an order.</p> <p>The Registered Nurse & the Dietician assigned to Resident #2 on [DATE] were unavailable for interviews at the time of the survey.</p> <p>During an interview on [DATE] at 12:50 p.m. with the Cook, she stated a mechanical soft diet is foods that are soft and go through a food processor. She continued to say something (the food) that was chopped by hand was not mechanical soft. She stated the resident would get mashed potatoes, not whole steak fries.</p> <p>A review of a facility policy titled Care Plans with a revised date of ,d+[DATE] Under Policy: Resident's individual care, needs, problems and goals will be addressed, in measurable form and in a timely manner by an interdisciplinary team in compliance with federal and state regulations. Under Guidelines: .4. Care plans are updated as needed based on any occurrences and changes that are relevant to the resident's care. Care plans will include measurable objectives with interventions based on the resident's care needs. 5. Care plans are reviewed and updated quarterly and annually and as needed for each resident by the interdisciplinary team.</p> <p>A review of an updated facility's policy titled Therapeutic and Mechanically Altered Diets indicated the following: Under Policy,: In order to assure residents are provided with foods that are appropriate in nutrient content and texture based on their individual needs and medical conditions. These diets will be prepared and served in accordance with the adopted diet manual and congruent with the menu extensions. Under Procedure: .4. Diets are prepared according to the guidelines set forth in the approved diet manual.</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of a facility's 2018 DHCC (Dietetics in Health Care Communities) Manual of NJ (New Jersey) Textured Modified Diets included a list of varied diet textures served in the facility. Review of the Puree-Consistency included but was not limited to: Under Purpose: To safely provide adequate nutrition and to facilitate eating for individuals with impaired chewing and/or swallowing ability. Under Indications for Use: revealed This diet is commonly prescribed for individuals with dental problems, dry mouth, oral or esophageal surgery, mouth sore, cancer or tumor of the mouth, head or neck and head injury. Under Description: indicated the pureed food are eaten and swallowed with minimal chewing and minimal jaw movement. Foods are pureed, homogenous, and smooth; and have pudding-like consistency. Under Menu Planning Guidelines: revealed Meat, fish, vegetables, starches, soups and fruit must be pureed. Gravy, sauce, broth, or extra butter/margarine may be served to moisten the food . Bread .may be pureed or slurried . Further review of the 2018 DHCC Manual of NJ Under Textured Modified Diets the Mechanical Soft Consistency revealed Under Purpose: To safely provide adequate nutrition and to facilitate eating for individuals with impaired chewing and/or swallowing ability. Under Indications for Use: This diet is commonly prescribed for individuals with dental problems, dry mouth, oral or esophageal surgery, mouth sore, cancer or tumor of the mouth, head or neck and head injury . Individuals who are at risk for choking and aspiration may need this consistency for dysphagia management. Under Description: The Mechanical Soft foods are easy to chew and soft in texture. Meats are ground. Fruits and vegetables are fork mashable.</p> <p>A review of an updated facility's policy titled Resident Nutrition Services indicated the following: Under Policy Statement: Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. Under Policy Interpretation and Implementation: 1. The multidisciplinary staff, including nursing staff, the Attending Physician and the Dietician will assess each resident's nutritional needs, food likes, dislikes and eating habits. They will develop a resident care plan based on this assessment.</p> <p>Review of a facility's policy titled Change in Resident Condition dated ,d+[DATE] indicated the following: Under Policy Statement: Our facility shall notify the resident, his or her Attending Physician, an authorized representative of change in the resident's medical condition and/or status. Under Policy Interpretation and Implementation: 1. The Nurse will notify the resident's Physician when there has been a (an): . d. significant change in the resident's physical/emotional/mental condition that impacts their current plan of care; . e. need to alter the resident's medical treatment significantly; i. specific instruction to notify the Physician of changes in the resident's condition. 4. The Nurse will record in the resident's medical record information relative to changes in the resident's condition or status.</p> <p>A review of a facility's policy titled Physician Order dated ,d+[DATE] indicated the following: Under Purpose: To ensure that physician orders are complete and accurate. Under Policy: . All ancillary orders are complete and accurate.</p> <p>N.J.A.C. 8:39 17.4 (a)(2)</p>		